

January 2012

Student Experiences On The Haven Free Clinic Leadership Board

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Student Experiences on the HAVEN Free Clinic Leadership Board

Thesis
Submitted to the Faculty
Yale University School of Nursing

In Partial Fulfillment
of the Requirements for the Degree
Master of Science in Nursing

Elizabeth Anne Scott

May 1st, 2012

The thesis is accepted in partial fulfillment of the requirements for the degree Master of Science
in Nursing.

Martha Swartz, PhD, RN, CPNP, FAAN

Date: _____

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Acknowledgements

It was a pleasure to work closely with Lauren Graber, Noelene Jeffers and Rachel Jamison as co-directors on the HAVEN Free Clinic Leadership board. We were fortunate to work with an incredible group of board members, which sparked my desire to document the experience through this study.

Laurie Bridger, MD and Mary Bartlett, MSN, FNP-BC, the Medical Directors of the HAVEN Free Clinic, provided invaluable guidance, support and encouragement throughout my involvement with HAVEN.

At the Yale School of Nursing, Pat Jackson-Allen, MS, RN, PNP, FAAN was a patient teacher as I began to formulate the outline for this project. In her role as advisor, Martha Swartz, PhD, RN, CPNP, FAAN, was instrumental to the completion of this document.

Abstract

STUDENT EXPERIENCES ON THE HAVEN FREE CLINIC LEADERSHIP BOARD

This thesis examined the experiences of students serving on the leadership board of HAVEN, the student run free clinic of the Yale University health professions schools. Open-ended responses were collected from 18 of the 28 members of the 2011-2012 leadership board through an online survey. Students reported an overall positive experience participating on the leadership board, and valued the opportunity to be part of a committed community creating change. The majority of students reported that their time as a board member had improved their attitude towards interdisciplinary collaboration (77.78%), and their leadership skills (66.67%). Two thirds (66.67%) reported that their experience had impacted their future career plans, either reinforcing their desire to work with underserved populations or pursue leadership roles. These findings demonstrate that serving on the board of a student run clinic can have a positive impact on students.

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Chapter I: The Clinical Problem

Description of the Problem

There are an estimated 111 student run clinics in the United States, reporting over 36,000 patient encounters each year (Simpson & Long, 2007). Research has demonstrated that student run clinics are able to provide quality care, with high patient satisfaction (Ryskina, Meah, & Thomas, 2009; Ellett, Campbell, & Gonsalves, 2010; Liberman et al., 2011; Zucker, Gillen, Ackrivo, Schroeder, & Keller, 2010). In addition to the benefit to patients, student run clinics provide an opportunity for students to meaningfully participate in the care of underserved populations. Simpson and Long found that US student run clinics have on average 16 volunteers per week, and at some schools, up to 500 volunteers participate each year (Gilkey & Earp, 2006). There have been several articles in the literature regarding the experiences of volunteers at student run free clinics, focusing on components such as interdisciplinary learning, clinical skills and attitudes towards underserved communities, with generally positive results (Gilkey & Earp, 2006; Rose, Lyons, Swenson Miller, & Cornman-Levy, 2003; Sheu et al., 2010).

By definition, a student-run clinic is one where “students take primary responsibility for logistics and operational management” (Simpson & Long, 2007). Despite this, one aspect that is not represented in the literature is the experiences of the students who volunteer on the leadership boards that are responsible for management and oversight of student run clinics. Through a survey of student members of the leadership board of the HAVEN Free Clinic at Yale University, this paper seeks to assess the impact of board participation on students’ perspectives on interdisciplinary collaboration, their own leadership skills and their future career plans. This is particularly relevant for nursing education as nursing students across the country are participating on these leadership boards, but there is no data to determine the impact on students. As well,

many of the existing articles focus on medical students, including the most comprehensive review by Simpson & Long, which consistently refers to “medical student-run clinics”.

HAVEN Free Clinic

The HAVEN Free Clinic was established in 2005 by a group of health professions students at Yale University. The development of the clinic was based on the findings that no stationary free clinic existed in New Haven, Connecticut, and a growing number of city residents lacked access to health care.

The current mission is to

1. Serve as a sustainable free clinic that provides uninsured adults in the Fair Haven neighborhood with primary care, wellness education, and assistance in securing health care.
2. To educate Yale health professional students about primary care and the value of working in health care teams; to allow students to gain experience in community health; and to expose students to the challenges of managing patient care with limited resources. (K. Standish, personal communication, January 21, 2011)

Operations

The HAVEN Free Clinic operates out of the Fair Haven Community Health Center (FHCHC, www.fhchc.org), a Federally Qualified Health Center. The free clinic is open on Saturdays from 8:30am to 1:30pm, seeing approximately 15-20 patients per session. Each week, 3 attending clinicians are present; one Yale faculty member and two clinicians from FHCHC. Midwives, physicians, and nurse practitioners serve as attendings. A senior clinical student from

either the nursing, physician's associate or MD program is paired with a junior student from one of those schools. They are assigned an interpreter who may be from any program at Yale. Other departments in the clinic include patient services, lab, pharmacy, referrals, education and social services. Volunteers in the lab and pharmacy must be from one of the clinical programs, while volunteers in the other departments are from throughout the university community.

HAVEN Free Clinic also has ongoing programs that involve other volunteers, such as men and women's groups, ZUMBA classes and a latent tuberculosis treatment initiative.

Organizational Structure

The student leadership board, consisting of 28 student volunteers, is mainly responsible for management of the clinic. Students apply and are interviewed, and successful candidates serve 13 month terms. The board meets as a whole every 2 to 3 weeks throughout the year. Three co-directors are selected each year, one of which is a medical student taking a research year. This medical student receives a stipend intended to support him or her in performing the majority of administrative duties of the director position, including scheduling of meetings, sending out agendas and minutes, preparing training materials and responding to email.

The positions vary widely in time commitment and attendance at the clinic. Co-directors estimate that they spend an average of 15 hours a week on clinic activities, while the time commitment for the Faculty Recruitment chair is closer to 2 hours per week. The chairs of the Education department must be in clinic every other week, while there is no requirement that the Finance chair participate in Saturday clinic activities. Most of the other positions fall in between these extremes in terms of time commitment.

The clinic has two medical directors, one APRN and one MD, both clinicians at FHCHC. The medical directors provide the board with guidance on clinical matters, and offer a longitudinal perspective, as they have both been involved since the clinic opened. A steering committee, composed of a faculty advisor from each of the health professions schools, the medical directors, and other relevant stakeholders meets quarterly, providing oversight and guidance.

Review of the Literature

Volunteer experiences at student-run clinics

Gilkey and Earp (2006) surveyed 159 students who had volunteered at the student-run free clinic of the University of North Carolina. They used the conceptual framework of community capacity, “the potential for individuals to work together as a group” (p.750), described by Goodman et al. (1998) to develop the questionnaire. The questionnaire centered around 9 main themes, and also asked students specific questions regarding learning about other disciplines and collaboration. They found that levels of community capacity and interdisciplinary learning were highest in the outreach department, which was also the department with the most diverse representation from different disciplines. The clinic is interdisciplinary, but roles are divided. Patients have a counseling session with a social work student, another session with a public health student, and finally have a clinical visit with a medical student. In their discussion, Gilkey and Earp observe that

Indeed, it is unlikely that any of the benefits of interdisciplinary training are realized at SHAC under these circumstances. In fact, judging by the frustration counseling and medical care volunteers express towards each other, inadequately realized

interdisciplinary objectives may actually reinforce the professional stereotypes they were meant to dispel. (p.756)

In contrast, at the University of California, San Francisco (UCSF), preclinical students from the Schools of Medicine, Pharmacy and Nursing are able to participate in an interprofessional elective. The program centers on hepatitis B infection and includes required lectures and an option to volunteer at two UCSF affiliated student run clinics. Students received the same training and were paired across disciplines for their volunteer shifts. In this setting, of the 117 students surveyed, 65% appreciated the opportunity for interprofessional collaboration (Sheu et al., 2010). The clinical component appeared to play an important role, with those who had volunteered at the student run clinics reporting feeling more comfortable working as a team with students from other disciplines (Sheu et al.).

Interdisciplinary learning

The interdisciplinary experience of students on the HAVEN leadership board is somewhat unique in comparison to the majority of the interprofessional education experiences documented in the literature. The majority reference required sessions lead by faculty (Sheu et al., 2010; Saxell, Harris & Elarar, 2009; Tunstall-Pedoe, Rink & Hilton, 2003), and some articles report on volunteer experiences that were as short as four hours (Gallager, Cooper & Durand, 2010).

One article that shows the potential downsides of interprofessional education is a survey by Tunstall-Pedoe, Rink and Hilton (2003) of medical, nursing, physiotherapy and radiography students who studied together, both in didactic and clinical situations for the entire first term of their studies. The authors found that “students arrive at university with stereotyped views of each

other, and that these views became more exaggerated during the [program]” (Tunstall-Pedoe, Rink & Hilton, p.161).

The Student Doula Support Program at the University of British Columbia, described by Saxell, Harris and Elarar (2009) perhaps most closely resembles the interdisciplinary experience of HAVEN Free Clinic leadership board members. Midwifery, medical and nursing students apply to participate in the volunteer program, with 5 students selected from each discipline. The students receive doula training, and then a team of 3 student doulas, one from each discipline, share responsibility for providing doula support either to an HIV positive mother or a mother with substance abuse problems at special facilities that focus on these issues (Saxell, Harris & Elarar). This shares some similarities with the HAVEN Free Clinic model in that it is voluntary, students receive the same training and work together in the same role over the course of an academic year. In surveying participants, Likert scale responses showed “little change in the students’ attitudes towards interprofessional teamwork” (p. 318). The authors suggest that this may be because students applied for the volunteer program knowing it was interprofessional, and may have already valued collaboration highly. Interestingly, in the written remarks section of the questionnaire, they found that students appreciated learning together, and remarked that the program offered “insight into and respect” (p. 318) for other disciplines (Saxell, Harris & Elarar).

Leadership

Gilkey and Earp (2006) included leadership as one aspect of their survey of student volunteers at a student run free clinic. Based on Likert scale responses, leadership was rated as “low” across all divisions, likely because the survey was of clinic volunteers, not board members,

and many students participated infrequently (Gilkey and Earp). None of the other articles on student run clinics mention impact on leadership skills.

Career

In 1985, Campos-Outcalt compared residency specialty choices of medical students who participated in the University of California, Davis student-run clinic, with the choices of their other classmates. Nearly all (96.5%) of the students who participated in the clinic from 1978 to 1982 chose a primary care specialty; family practice, internal medicine or pediatrics (Campos-Outcalt). The only student who did not select a primary care specialty chose a flexible internship program. While the author is very clear on the limitations of the study, and cautions against supposing cause and effect, the data are striking.

Since this study in 1985, there is little in the literature regarding the quantitative impact of volunteer experiences at student run clinics on students' choices of specialty. However, several studies suggest that students volunteering to work with underserved communities are likely to be interested in working with similar patient populations in the future. Saxell, Harris and Elarar (2009) note that the Interprofessional Student Doula Support Program “deepened the medical and nursing students’ interest in maternity care, particularly for marginalized women” (p. 318). The conclusion came from students’ written comments, so it is difficult to quantify the impact, and there is no data on their chosen specialty at the conclusion of their education. Sheu et al. (2010), found that 86% of the 117 students they surveyed who participated in a student run clinic reported that it “reinforced their commitment and interest” (p. 230) in serving an immigrant and underserved population.

Research Question and Operational Definitions

Published data on student experiences participating in free clinics, other volunteer programs or structured interprofessional didactic experiences have shown mixed outcomes in terms of student attitudes towards interdisciplinary collaboration. Research on how leadership skills and future career plans are affected by similar experiences have been extremely limited, with only one study each touching on these issues. There are no published studies that address the experiences of board members of student run clinics.

The HAVEN Leadership Board member experience is distinct from others discussed in the literature in several ways. Participation is entirely voluntary, and students must apply and complete for the positions. The time commitment is significant, between 2 and 20 hours a week, and students work closely with colleagues from other disciplines. Board members are united by two very clear and common goals; to provide care to uninsured patients and to educate health professional students. The two medical directors provide support, guidance and an example of interdisciplinary collaboration, but their role is not to teach a specific curriculum.

A survey was identified as the best way to assess the experiences of students on the HAVEN Free Clinic Leadership Board. This study sought to evaluate the impact of volunteering on the leadership board of the HAVEN Free Clinic on students' perspectives on interdisciplinary collaboration, their leadership skills and their future career plans.

Chapter II: Research Methods

Research Design

The online survey consisted of two demographic questions and five open ended questions about experiences on the board (Appendix A). Students selected their affiliated school from a list, and wrote their year of study in a comment box. For the open-ended questions students wrote in comment box. As the survey asked for open-ended responses, it was expected that each student would define the included terms slightly differently. The open-ended nature of the questions allowed students to express what may not have been captured in a Likert scale.

Sample

Student volunteers on the HAVEN Free Clinic board 2011-2012 were surveyed. The majority of board positions turn over in February, so most of the students surveyed had approximately 10 months of experience on the board. Four new members joined the board between two and five months before the survey was completed. The survey was sent to the HAVEN board email list in November 2011 by one of the HAVEN Co-Directors. There were 28 student members of the board, of whom 21 replied to the survey, a 75% response rate.

Setting

The survey was conducted online through the website Survey Monkey. This setting was appropriate to anonymously gather data from the sample group.

Data Collection Procedures

An application for expedited review was made to the Yale University Human Subjects Committee (Appendix B), and approval for exemption was granted on September 29th, 2011 (Appendix C).

The current co-directors of the HAVEN Free Clinic board were consulted to obtain their approval of the project and their assistance in engaging the board. The co-directors were very encouraging regarding the survey, and interested in having the results shared with the board. We were very clear in our discussions that board members would not have access to any identifying data, but that analyzed data would be presented at a future board meeting.

One of the co-directors sent an email to the board members, which explained the project, asked them to participate in the survey, and included a link to the web survey. This was followed by an announcement at the board meeting on November 7th, and a reminder email November 15th.

Each of these emails also emphasized that in addition to being part of this project, data collected would be used as feedback for the board to improve experiences for future board members. The emails explained that no identifiable data or responses would be shared with board members.

Chapter III: Results

Demographics

Twenty-one of the twenty-eight students on the board responded to the survey, a 75% response rate. Of those students, 18 responded to each of the seven survey questions, while three did not respond to any of the open-ended questions (Appendix D).

Almost half of the respondents were medical students, (10, 47.61%) with nursing students making up another third of respondents (7). There was one student each from the physician's associate program and the public health program, and one student in a joint degree program with both of those schools. One person chose "other" in the multiple choice aspect of the question, and wrote "n/a" in the comment box. To the best of the executive directors knowledge, all of the board members at the time of this survey were current students, so it is unclear why this person choose to respond as such.

Overall Positive

When asked to explain the most positive aspect of their experience on the HAVEN leadership board, half of the students (9) mentioned the sense of community. As a 4th year medical student eloquently put it:

The best thing about being on the leadership board has been working with inspiring, enthusiastic, idealistic people from all of the different schools towards the common goal of providing high quality health care to our patients and primary care education to our volunteers.

Half of the students (9) also described aspects that fall under the category of ‘creating change.’ Students clearly identified making improvements in the clinic that directly impacted patient care as one of the main benefits of serving on the board.

Two students (11.11%) identified direct patient care as their best experience, while twice as many (4, 22.22%) highlighted the clinic management knowledge and skills they had gained.

Overall Negative

There were three overlapping themes identified in the 18 responses to “What has been the worst thing about being on the leadership board?” Six students (33.33%) highlighted the time commitment in general, while five (27.78%) specifically expressed that the bi-weekly board meetings were too long or too frequent. Six (33.33%) reported feeling frustrated by inefficiencies on the board, which one student summarized as “discussion > action.” Five students (27.28%) mentioned logistics and paperwork. A second year nursing student elaborated

While I understand the necessity of documentation and especially institutional knowledge, especially in a student run free clinic with frequent board turn-over, some of the documents we had to complete were time consuming and not utilized to their fullest extent.

One student succinctly replied “politics” as the worst aspect of being on the board, while another specifically mentioned “reprimanding or dismissing board members” as an unpleasant experience. Neither of these issues were raised by any other respondents.

Interdisciplinary Collaboration

Fourteen of the eighteen board members (77.78%) who answered this question responded that their experience on the board had positively impacted their opinions on interdisciplinary collaboration. A 4th year medical student commented, “I also feel that I have a better understanding of the unique skills and strengths that each discipline can contribute in a healthcare setting, and that I will be better equipped to work in interprofessional teams in the future as a primary care provider.”

Two of the students (11.11%) also commented that this was the only time they were able to work with students from other disciplines, with one stating that “I think it’s incredible that this is my only real such experience in medical school. It seems like we should be working together if we will eventually be working together as professionals.”

Three of the respondents (16.67%) expressed that their time on the board had not impacted their opinions regarding interprofessional collaboration. Each described a positive outlook on interdisciplinary collaboration in general, suggesting that they held a positive view before beginning their board term.

The sole negative response was from a second year medical student who found the interdisciplinary board “difficult to navigate.” Despite this, the respondent mentioned that he or she had improved their management and collaboration skills.

Leadership Skills

Overall survey respondents reported that their board experience had improved their leadership skills, with 12 out of 18 (66.67%) responding positively. Of those, six noted specific skills that they had honed during their time on the board, including but not limited to presentation skills, teaching, delegating, providing constructive criticism and building consensus. Three respondents (16.67%) also remarked on their increased confidence in taking leadership roles, with one stating that before this she had “never really considered herself a leader.”

Five respondents (27.78%) answered that their time on the board had not impacted their leadership skills. One mentioned that it had offered him or her the chance to use already existing skills in a medical setting, while not necessarily affecting their confidence or specific skills, while another simply replied “no real help.”

One person responded in the negative, stating that “if anything, it’s taught me to take a step back from leadership.”

Future Career Plans

Respondents included several broad themes in their response to the impact of the board on future career plans. The three major topics addressed were commitment to underserved populations or community settings, interest in leadership or management roles and specialty choice. Eight students (44.44%) referenced their prior interest or experience working with underserved populations or in primary care, and described their leadership board experience as reinforcing or strengthening that commitment.

Seven students (38.89%), voiced a desire to work with underserved or vulnerable populations, and three students (2 PA and 1 MD) expressed an interest in specializing in family medicine or primary care. Three respondents explicitly stated an interest in directing a clinic, and three others wrote more broadly about pursuing leadership or management roles.

Two comments not adequately captured by the above mentioned categories were desire to continue volunteering at a free clinic after graduation (one nursing student) and the importance of maintaining a clinical practice while also working more generally to improve healthcare (one nursing student).

Two students replied that their time on the board had no impact on their future career plans, though neither elaborated further. Two other students answered negatively, both reporting they now wished to avoid administrative or operational commitments.

Chapter IV: Discussion

This survey sought to answer the question of what impact volunteering on the leadership board of the HAVEN Free Clinic had on students' perspectives on interdisciplinary collaboration, their leadership skills and their future career plans. In November and December 2011, 21 student volunteers on the HAVEN Free Clinic leadership board completed an online survey about their experiences.

This survey suggests that students had an overall positive experience on the HAVEN Free Clinic leadership board and truly valued their opportunity to be part of a committed community creating change. Simpson and Long (2007) identified 111 medical student run clinics at medical schools throughout the country. They defined a student run clinic as one where medical students "take primary responsibility for logistics and operational management" (Simpson & Long, 2007, p. 352). Presumably, students are actively participating in similar role to HAVEN Free Clinic leadership board members at over 111 clinics throughout the country suggesting that there is an opportunity for a large number of students to benefit from participation on a clinic leadership board.

Notably, Simpson & Long (2007) consistently refer to medical student run clinics throughout their paper. HAVEN Free Clinic board members during the time period of this survey included 18 medical students, six nursing students, two public health students, one physician's associate student, and one joint physician's associate/public health student. Half of the students surveyed (9) identified the team aspect as one of the best things about their board experience, and four (22.22%) specifically mentioned they valued collaborating with students from other disciplines.

Over three quarters (77.78%) reported that participating in the leadership board had a positive effect on their attitude towards interdisciplinary collaboration. This stands in stark contrast to the findings of Tunstall –Pedoe, Rink & Hilton (2006), who found that over the course of a term of learning together not only did medical students have less positive opinions of allied health professionals (AHP) and nurses, but that the AHPs and nurses had more negative perceptions of the medical students after spending a term learning together (p. 164). The findings of this survey more closely approximate those of Sheu et al. (2010), who found that 65% of students volunteering at a Hepatitis B student run clinic “appreciated the opportunity for interprofessional collaboration, the chance to learn about the role of other health professionals (46%) and to work as a team (31%)” (p.230). This UCSF project has some similarities to the HAVEN model which may account for the positive collaboration experiences experienced by the majority of students in each sample. Both programs are voluntary; relate directly to care of underserved populations, and pair students across health professional schools instead of creating silos where students from a certain school only fulfill a certain role. Gilkey and Earp (2007) noted that the “compartmentalized structure” of the University of North Carolina student run clinic may actually increase frustration between the social work and medical students who participate (p.756). The frequency with which HAVEN Free Clinic board members mentioned the positive impact of interdisciplinary collaboration suggest that student run clinics that involve students from solely one school, or which limit roles and avenues for students to work together, diminish an aspect of the volunteer experience that students value.

The majority of respondents, 66.67%, felt that their time on the HAVEN Free Clinic leadership board had positively impacted their leadership skills. Students also reported that they highly valued the opportunity to effect change, and have a voice in the direction of the clinic. The

only published study regarding leadership and student run clinics found that the experience of volunteering at the University of North Carolina student run clinic did not increase participants sense of leadership (Gilkey & Earp, 2007). This may highlight a notable difference between simply volunteering at the clinic, and taking on a role on the leadership board that explicitly provides a sense of ownership and agency. Six students (33.33%) expressed an interest in pursuing a leadership role in the future, suggesting that the benefits of this experience may impact students long after their term on the board is complete.

The impact of volunteer experience at a student run clinic on future career plans has not been presented in the literature since a small study of previous volunteers at the student run free clinic of the University of California at Davis in 1982 (Campos-Outcalt, 1985). A majority of HAVEN Free Clinic Leadership board members (12, 66.67%) reported that their volunteer experience had affected their future career plans. Almost half (8, 44.44%) described it as reinforcing their previous commitment to working with an underserved population.

Limitations of the Study

This survey was captured one point in time from a single cohort of board members. Without longitudinal data it is difficult to fully assess the impact serving on the HAVEN Free Clinic Leadership Board has on students. The survey response rate was 75%, and 3 of the 21 respondents did not answer the open ended questions, for an effective response rate of 64.29%.

The respondents were all board members of the HAVEN Free Clinic of Yale University, as such the results may not be generalizable to board members of other student run free clinics. The questions were not validated, and no quantitative data were collected.

Board members were reassured in recruitment emails that results were confidential and anonymous, but the inclusion of program and year of study may have discouraged some respondents from fully expressing their opinions as they could be identified by this information.

Implications for Research

To date there have not been any published surveys of the experiences of board members of student run free clinics. More specifically, there have not been any articles addressing student run clinics in the nursing literature. This study documents the opinions of students serving on the HAVEN Free Clinic Leadership board. Future surveys that address some of the limitations of this study, including surveying one cohort over time, surveying multiple cohorts or surveying board members at other institutions would provide a more broad evidence base. Collecting quantitative data such as Likert scale responses would allow comparison over time. Gathering more detailed and expansive data through interview or focus groups would illuminate some of the points that were only touched on student's responses.

Implications for Education

HAVEN Free Clinic provides a venue for students interested in caring for the underserved to channel their energy, and an opportunity for students to practice clinical skills. The leadership board combines these aspects with a chance to work even more closely as part of an interdisciplinary team while honing management skills. This survey shows that the majority of students recognized positive developments with regards to interdisciplinary collaboration, leadership skills and future career plans. These opportunities can be one part of the process that brings us closer to the goal stated in the 2011 Institute of Medicine report, that care teams make “best use of each member’s education, skill, and expertise” and maximize patient outcomes

(p.271). Nursing schools throughout the country should provide support and guidance for student run clinics and similar projects.

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Appendix A

Sample Survey

1. School
2. Year of Study
3. What has been the best thing about being on the leadership board?
4. What has been the worst thing about being on the leadership board?
5. How has your experience on the board affected your opinions on interdisciplinary collaboration?
6. How do you feel your time on the board has impacted your leadership skills?
7. How has your time on the board impacted your future career plans?

Survey Location: <http://www.surveymonkey.com/s/HWST6XC>

Appendix B

Yale University Human Subjects Committee

REQUEST FOR HSC DETERMINATION OF EXEMPT STATUS

Title of Project: Student Experiences on the HAVEN Free Clinic Leadership Board

Investigator: Elizabeth Scott

Position: ___Undergraduate Student—Year of Graduation:___ _X_Graduate Student
 ___Postdoctoral Fellow ___Research Scientist ___Faculty Member

Department: Yale School of Nursing – MSN, Family Nurse Practitioner Specialty

Address, Phone Number, e-mail address:

105 Lawrence St.

New Haven, CT 06511

Phone: (203) 503-1667

Email: Elizabeth.scott@yale.edu

ALL Other Research Personnel, including name, position and department:

Academic Advisor:

Martha Swartz, RN, PhD

Professor and Associate Dean for Clinical and Community Affairs

Yale School of Nursing

Project Period: October 15th – May 10th

Name of external sponsoring agencies providing funding for the study and contact name, if known.
 N/A

Include proposal title, if different from project title:

Research Site:

Where will the data be collected? Online

Do you have an affiliation or relationship with this research site?

- ☐ Yes ☐ No

If yes, please describe in protocol.

1. A description of the research project

For my YSN Praxis project I will be surveying student members of the leadership board of the HAVEN Free Clinic to assess the impact of board participation on students' perspectives on interdisciplinary collaboration, their own leadership skills and their future career plans.

2. The manner in which all subject materials will be identified to the researchers and in all records made by the researchers

The survey will be conducted online, through Google Forms, with each completed survey assigned a number. The survey will ask only for the student's school and year of study, no names or other identifying information.

3. Research Informed Consent

Student Experiences on the HAVEN Free Clinic Leadership

Elizabeth Scott

Purpose:

We are conducting a research study to examine *the experiences of students participating on the HAVEN Free Clinic Leadership Board.*

Procedures:

Participation in this study will involve completing this questionnaire. We anticipate that your involvement will require *15 minutes.*

Risks and Benefits:

We hope that our results will add to the knowledge about *the experience of volunteers on the board of student run free clinics, and also to help improve the experience of HAVEN board members in the future.*

Confidentiality:

All of your responses will be anonymous. Only the researchers involved in this study and those responsible for research oversight will have access to the information you provide. Your responses will be numbered and your name will not be included anywhere in the research data.

Voluntary Participation:

Participation in this study is completely voluntary. You are free to decline to participate, to end participation at any time for any reason, or to refuse to answer any individual question without penalty or loss of compensation.

Questions:

If you have any questions about this study, you may contact the investigator, Elizabeth Scott, Elizabeth.scott@yale.edu.

If you would like to talk with someone other than the researchers to discuss problems or concerns, to discuss situations in the event that a member of the research team is not available, or to discuss your rights as a research participant, you may contact the Yale University Human Subjects Committee, Box 208010, New Haven, CT 06520-8010, 203-785-4688, human.subjects@yale.edu. Additional information is available at <http://www.yale.edu/hrpp/participants/index.html>

Agreement to Participate:

I have read the above information, have had the opportunity to have any questions about this study answered and agree to participate in this study.

(Electronic checkbox to consent)

4. Sample recruitment letter

Recruitment letters will be sent by email to the current HAVEN Free Clinic Leadership board by the clinic co-directors.

Dear HAVEN board members,

A former board member is surveying HAVEN Free Clinic Leadership Board members for a thesis project. As you know, HAVEN currently surveys patients and volunteers about their experiences, but this will be the first survey of the board.

Please take a few moments to respond to this simple questionnaire through the attached link. Your thoughtful responses will not only be used for the thesis project but will provide valuable feedback for the board itself. All responses will be anonymous.

Please fill out the survey by October 30th, 2011.

Thank you,

HAVEN Co-Director

5. Sample Survey

1. School
2. Year of Study
3. What has been the best thing about being on the leadership board?
4. What has been the worst thing about being on the leadership board?
5. How has your experience on the board affected your opinions on interdisciplinary collaboration?
6. How do you feel your time on the board has impacted your leadership skills?
7. How has your time on the board impacted your future career plans?

Appendix C

Yale University

Human Subjects Committee
53-55 College Street
P.O. Box 208010
New Haven, CT 06510-8010
Phone (203) 785-4688
human.subjects@yale.edu

To: Elizabeth Scott

From: **Katrina Blount** for the Human Subjects Expedited Review Committee

Date: 09/29/2011

Committee Action: Exemption Granted

IRB Action Date: 09/29/2011

IRB Protocol #: 1109009113

Study Title: Student Experiences on the HAVEN Free Clinic Leadership Board

This study qualifies for exemption under 45 CFR 46.101(b)(2). Any changes to the project to include identifying information must be submitted to the Human Subjects Committee for review as such changes may impact the exemption status.

This study qualifies for exemption under 45 CFR 46.101(b)(2). Any changes to the project which would increase the potential for risks to participants must be submitted to the Human Subjects Committee for review as such changes may impact the exemption status.

Any changes in the protocol must be submitted to the Committee for approval. This includes, but is not limited to, changes in the recruitment procedures, informed consent, investigators, or study design. Such changes may alter the exempt status of the study.

Investigators are also asked to promptly report any unanticipated problems or complaints to the Committee.

You should retain a copy of this letter for your records.

Appendix D

	Please enter your school.	Please enter your year of study.	What has been the best thing about being on the leadership board?	What has been the worst thing about being on the leadership board?
1	Yale School of Nursing	2013 - 1st year specialty		
2	Yale School of Medicine	4th	The best thing about being on the leadership board has been working with inspiring, enthusiastic, idealistic people from all of the different schools towards the common goal of providing high quality health care to our patients and primary care education to our volunteers. The ability to design and implement new programs and initiatives to improve the clinic has been very exciting and rewarding.	The hardest thing about being on the leadership board is the large time commitment required. The structure of the board (especially its large size) contributes to a certain amount of inefficiency and makes effective communication challenging at times. It is often difficult to balance HAVEN with the other commitments that I have as a student.
3	Yale School of Medicine	2nd		
4	Other	n/a	Working with patients	Board meetings are too long
5	Yale School of Medicine	YSM II	Collaborative opportunities and chance to implement new programs	Focus on procedure rather than purpose of bureaucracy. Lack of clear avenues for addressing changes (i.e. discussion > action)
6	Yale School of Medicine	YSM II	The absolute best thing about being on the leadership board has been proposing an idea for the betterment of the clinic and being involved in the implementation of that idea so that the clinic runs more smoothly and more patients are seen/satisfied. It has been a privilege to be an active part of that process.	Bi weekly meetings. I think meetings should occur once a month.
7	Yale School of Medicine	4th year (to grad 2012)	There are so many! Perhaps above all it is a community of people committed to health care as a vehicle for social justice, with the chance to get to know and advocate on behalf of Fair Haven patients, learn about clinic management, and build skills we'll use throughout our careers.	I think like any significant commitment, it is sometimes a challenge to manage HAVEN work with other responsibilities. But that is a given when we sign up! Definitely still worth it - and perhaps part of the training: life will probably never be less busy than it is now, during such a protected learning time. Thanks!
8	YSPH/PA	2013	Working with a group of highly motivated individuals who share my passion and desire to serve those most in need with compassion and respect.	It is a substantial time commitment on top of school work, and sometimes adds to the general stress of being a student.
9	Yale School of Public Health	2012	Being part of a unique clinic and knowing that at the end of your term, you added to the success and improvement of the HAVEN free clinic.	More talking than doing. A lot of opinions funneling into one idea, makes it difficult to move forward efficiently
10	Yale School of Nursing	1st year specialty	great team, collaboration between health professional schools, gaining clinic management experience, ability to be intensely involved in clinic operations	large time commitment for volunteer/non school credit position
11	Yale School of Medicine	2014	I've had the opportunity to work with other people from many different walks of life who are all committed to social justice in medicine.	As in any group, we can sometimes be extremely inefficient, and it feels like we're always discussing the same things over and over again.

	Please enter your school.	Please enter your year of study.	What has been the best thing about being on the leadership board?	What has been the worst thing about being on the leadership board?
12	Yale Physician Associate Program	2012	learning how the clinic works and what all goes into ensuring continued funding/planning programs/quality assurance/research etc.	formulating qa documents
13	Yale School of Medicine	2014	Being a part of a group of truly inspirational people!	All the logistical paper work, that seems somewhat like overkill
14	Yale School of Medicine	2	Working in the clinic with the patients. Working with my fellow board members and volunteers.	The time commitment and the inefficiency of the board meetings.
15	Yale School of Medicine	2	Ownership of the direction of the clinic	Lack of institutional memory and turnover
16	Yale School of Nursing	3rd year YSN	To be directly involved in a project you feel truly serves a particular community and to be able to contribute and make changes in the organization to make it longstanding, ie. the writing/ creation of HAVEN bylaws.	Change is slow and processes can be long such that by the time your board position expires the same ongoing issues persist or things you implement are slow to incorporate / positive effects slow to realize. Meetings can be exhaustive yet unproductive
17	Yale School of Medicine	2014		
18	Yale School of Nursing	2nd specialty yr	Being involved in the planning and improving of patient-centered services by working with a team of creative individuals all focused on the same goal; providing quality care to uninsured patients.	The paper work. While I understand the necessity of documentation and especially institutional knowledge, especially in a student run free clinic with frequent board turn-over, some of the documents we had to complete were time consuming and not utilized to their fullest extent. As students this is an additional burden in the midst of course work.
19	Yale School of Nursing	2012	Being able to make a positive, visible difference in the care the clinic and it's volunteers provide to our patients.	The board meetings. While I can appreciate all of the wonderful things the fellow board members have done and all that I can learn from them, the board meetings were too frequent/long in my opinion. Maybe if there had been a more structured timeline for each meeting it would not have been so bad, but I felt that too much time was spent at a lot of meetings debating/arguing about inconsequential things that did not affect the majority of the board.
20	Yale School of Nursing	2013	Create change and collaborate with motivated individuals who have similar interests in the clinic and the underserved.	Politics
21	Yale School of Nursing	2013	Learning! Learning how to manage my peers, learning how to deal with sticky situations when they come up. Also there is a huge amount of community respect that comes along with holding a board position, which I both enjoy and take seriously as a responsibility to give back to the community. Also being part of a team that makes decisions that affect real people - our volunteers and our patients.	Emails and logistics. Although they are important and unavoidable, the part of being a board member that feels like an unpaid menial job is quite frustrating sometimes. There have also been very unpleasant moments on the board where we have had to reprimand or dismiss board members for not fulfilling their duties, but I think those were learning experiences for all involved.

	Please enter your school.	Please enter your year of study.	How has being on the board affected your opinions on interdisciplinary collaboration?	How do you feel your time on the board has impacted your leadership skills?
1	Yale School of Nursing	2013 - 1st year specialty		
2	Yale School of Medicine	4th	Being on the board has had a significant positive impact on my opinions about interdisciplinary collaboration. I have great respect for all of my fellow board members and their diverse backgrounds. I also feel that I have a better understanding of the unique skills and strengths that each discipline can contribute in a healthcare setting, and that I will be better equipped to work in interprofessional teams in the future as a primary care provider.	Being on the board has been a tremendous growth opportunity for me in terms of developing leadership skills. I had experience leading groups and working with my peers before, but never on this scale. I feel much more comfortable and confident taking a leadership role because of this experience, and I have really enjoyed getting to work with so many different people.
3	Yale School of Medicine	2nd		
4	Other	n/a	No effect. I think that it is great.	Managing volunteers has allowed me to practice leadership skills.
5	Yale School of Medicine	YSM II	Improved them. Made me realize how different schools train for different strengths, but also how to use those strengths on a team	The same as before
6	Yale School of Medicine	YSM II	It hasn't affected my opinions on the topic. Overall the collaborative effort is efficient with everyone open and listening to ideas and suggestions. I think it is important to have interdisciplinary collaboration and I would never have met other people in the health professional schools were it not for HAVEN. The interaction allows us all to understand care of the patient from different perspectives.	It has definitely improved my leadership and presentation skills.
7	Yale School of Medicine	4th year (to grad 2012)	It has continued to strengthen my belief in its value. And it has been wonderful to meet folks from other programs! I would say, as well, that in some ways, I tend to gravitate and relate better to folks on the HAVEN board from whatever program than necessarily to people in my program.	It has been a special opportunity to lead in many ways. Leading among peers is a special skill, particularly giving redirection or negative feedback. Creating shared goals, gathering consensus, addressing conflicting viewpoints, being committing to being available for questions on an ongoing (sometimes demanding) basis - all things that are enormously useful!
8	YSPH/PA	2013	It has offered a concrete medium in which to work with students from other schools, and proved that differing opinions and view points usually provide a well rounded solution to problems and challenges.	I feel like it has allowed me to step into a position where I have to be aware of how my actions affect others, and that I am truly in charge of initiating and creating the changes I would like to see happen in the clinic. It is a lot of responsibility, but also a very exciting and educational opportunity.
9	Yale School of Public Health	2012	I think it has improved my opinions in of interdisciplinary collaboration, it is always better to gain more exposure from others opinions.	Improved my leadership skills
10	Yale School of Nursing	1st year specialty	vastly improved, very inspired by my colleagues	somewhat improved, requires rising to the occasion
11	Yale School of Medicine	2014	I know that collaboration between people from different schools is preparing me well for the medical field, and I think it's incredible that this is my only real such experience in medical school. It seems like we should be working together as students if we will eventually be working together as professionals, and I feel that working together in this setting helps cement respect for other fields that will continue into my professional career.	I don't know that I think this has necessarily impacted my leadership skills but I think that it has offered me some experience in using them in a medical setting.

	Please enter your school.	Please enter your year of study.	How has being on the board affected your opinions on interdisciplinary collaboration?	How do you feel your time on the board has impacted your leadership skills?
12	Yale Physician Associate Program	2012	i've enjoyed all the collaboration, though i can certainly see how hard it can be to have multiple differing opinions	i hope it has improved them
13	Yale School of Medicine	2014	It has definitely improved!	No real help..
14	Yale School of Medicine	2	Between disciplines I think the HAVEN board collaborates very well, and I never really see a stratification between different disciplines. It does affect my opinions on large group collaborations, as I feel it's difficult to achieve outcomes and have meaningful discussions and decisions with so many people.	Not much at all. If anything, it's taught me to take a step back from leadership.
15	Yale School of Medicine	2	I think that it is difficult to navigate, but I have learned how to collaborate and manage situations better	see above
16	Yale School of Nursing	3rd year YSN	Has not really altered opinion but it is apparent through student board that interdisciplinary collaboration is possible and can be successful. We are all perceived fairly equally despite hierarchy of positions.	I never really considered myself a leader per se. I really just wanted to make parts of the clinic better and provide better quality care to patients so decided to join the board. I have always enjoyed teaching, ie. training folks during orientation, so perhaps more confidence in that regard, not being afraid to criticize a peer (constructively of course)
17	Yale School of Medicine	2014		
18	Yale School of Nursing	2nd specialty yr	Yes. One of the things I like most about the HAVEN Free Clinic is the great collaborative effort. In clinic and at board meetings, there is no differentiation in treatment of acceptance of opinions or skills based on your disciplinary background. It has made me more hopeful for interdisciplinary collaboration throughout my career	I think my time on the board has improved my leadership skills in two ways. 1. I have had the opportunity to work with a group of highly intelligent natural leaders and have seen what works and what doesn't. We have had a few exemplary leaders on the board who have been very educational and inspiring and encouraged me to try new leadership techniques. 2. I have improved my ability to delegate tasks.
19	Yale School of Nursing	2012	I appreciated interacting with and getting to know students in other programs, and I feel I am now more prepared to work with professionals in these other disciplines in the future. As an APRN student, I felt it was an important opportunity to educate medical students about APRNs.	Being on the board has not impacted my leadership skills.
20	Yale School of Nursing	2013	I have always been a proponent of a multidisciplinary approach, and being part of the board reinforces that. In fact, I find it almost mandatory.	Having grown up being in very few leadership positions, I feel that this has dramatically changed my fear of it. Taking the initiative as a leader can really institute change.
21	Yale School of Nursing	2013	I think it is great. I really enjoy working with the students from other schools who are on the board, and being a part of the HAVEN board has been one of the few times when I can really forget that there is ever tension between nursing and medicine, because we are all working towards ensuring top quality outcomes for our patients.	It has definitely forced me into a position where I am more often running meetings and managing other people, which has led me to learn a lot. I am just a little more than halfway through my term and I feel like I have really been thrown into the deep end of running an organization - I can only imagine what I will see that I have learned in hindsight once I am no longer on the board.

	Please enter your school.	Please enter your year of study.	How has your time on the board impacted your future career plans?
1	Yale School of Nursing	2013 - 1st year specialty	
2	Yale School of Medicine	4th	I was interested in a board position in part because I am planning on becoming a family physician, and my time on the board has strengthened that conviction. I can definitely see myself working in a community health center or similar organization, and taking a leadership role in clinic management and quality assurance. I have found the quality assurance and performance improvement initiatives at HAVEN very interesting and exciting, and hope to do that kind of work in my future career.
3	Yale School of Medicine	2nd	
4	Other	n/a	Not really
5	Yale School of Medicine	YSM II	Swayed me against care at the clinic operations level.
6	Yale School of Medicine	YSM II	I am now interested in medical management.
7	Yale School of Medicine	4th year (to grad 2012)	I have greatly valued the chance to collaborate with primary care practitioners and see the functioning of FHCHC - so valuable, and so insufficiently addressed at Yale!
8	YSPH/PA	2013	I would love to work in a primary care clinic, and being on the board has helped materialize the reality of clinical administrative roles and the amazing work that is completed behind the scenes.
9	Yale School of Public Health	2012	Helped me to become a better manager, now looking into careers of program evaluation
10	Yale School of Nursing	1st year specialty	overall very positive, inspiring and gives healthy perspective
11	Yale School of Medicine	2014	It has reinforced my commitment to underserved populations.

	Please enter your school.	Please enter your year of study.	How has your time on the board impacted your future career plans?
12	Yale Physician Associate Program	2012	not sure, though it has certainly showed that I enjoy family medicine
13	Yale School of Medicine	2014	No real change.
14	Yale School of Medicine	2	My time in clinic has further encouraged my desire to focus on underserved healthcare. My time on the board has convinced me I need to be wary of administrative commitments.
15	Yale School of Medicine	2	I feel more confident in taking on leadership positions and may want to direct a small community based clinic in the future
16	Yale School of Nursing	3rd year YSN	solidified desired to work in community health setting and vulnerable populations. learned how to potentially operate a successful free clinic in the future (i'm thinking about the time when the directors of the San Francisco Free Clinic came to visit and shared some insightful tips)
17	Yale School of Medicine	2014	
18	Yale School of Nursing	2nd specialty yr	My time on the board and at the clinic have encouraged me to look for a position in a clinic or community health center. Previous experience working at a free clinic has also had an impact, but being on the board at HAVEN Free Clinic and working with the staff at FHCHC has really swayed my career path to the clinic route. I hope to one day serve as a medical director of a clinic or CHC.
19	Yale School of Nursing	2012	Being on the board, and volunteering at HAVEN in general, has solidified my passion for working with underserved populations.
20	Yale School of Nursing	2013	Wherever I end up, I hope to volunteer at least one day a week in a free clinic and translate my HAVEN experience to improve clinic structure and flow.
21	Yale School of Nursing	2013	It really hasn't affected them - I have always loved community health (it is the reason I became interested in health care) and it has also shown me that I am relatively good at managing logistics, although I already knew that for the most part. I think being on the board has reinforced the fact that I want to practice regularly and maintain interaction with patients, but also that I should not be afraid to use my skills in other areas to improve health care, since there tends to be a gap in people who actually provide health care services and those who make decisions.